

Section A

Personal Details

Birth Certificate #:

Last Name		First Name		Middle Name	
Alias(es)	Gender <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status <input type="checkbox"/> <i>Single</i> <input type="checkbox"/> <i>Married</i> <input type="checkbox"/> <i>Divorce</i> <input type="checkbox"/> <i>others</i>		Religion/Denomination	
Age	Place of Birth			Parish of Birth	
Date of Birth (dd /mm/yy)	Nationality	Nationality By <input type="checkbox"/> Birth <input type="checkbox"/> Registration <input type="checkbox"/> Naturalization			

Present Address

Street Address		Post Office Box	District
Vicinity: eg (Near by Mass Joe blue shop)		Parish	Country of Residence
Tel: Home#:	Cell:	Work:	Email Address:

Distinguishing Marks Details

Do you have any distinguishing marks eg. Birthmarks? and location.	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, describe their nature
Do you have any tattoo(s) on your arms, neck, forearms or face? and location	<input type="checkbox"/> Yes	<input type="checkbox"/> No	If Yes, describe their nature

Previous Address (including residency overseas)

Address (including Street No. and Postal Office/Agency)	Parish	Country	No. of years Resided

Overseas Travel within the last three years

Enter particulars of every country visited aboard					
Country	Date Departed	Date Returned	Purpose of Travel	Full Address(es) stayed overseas	Name of Hosts/Hostesses

Emergency Contacts

Names of persons to be contacted in case of emergency			
Names	Relationship	Full Address	Tel./Email Address (Jamaica only)

Section B
Family Details

Relationship	Full Name	Age	Address (including Parish)	Occupation
Partner/Spouse				
Father				
Mother				
Guardian/Sponsor				
Brother (s)				
Sister(s)				

Children

Full Name	Age	Address (including Parish)	Occupation

Dependents Details other than those stated above

Name(s)	Age	Address (including Parish)	Relationship	Extent of Dependence

Particulars of friends/close associates

Name(s) and Alias (es)	Age	Address(es)(including Parish)	Occupation

Section C

Employment Details. *Start with the present or most recent*

Name of Employer	Address	Tel: No. / Email Address	Dates		Reasons for leaving
			From	To	

List Organizations to which recent job applications have been made in the last 18 months (including Police/Military Service).

Name of Company/Agency	Position applied	Status of Application if known

Previous Government Service

Have you serviced in the military, police, customs, immigration, or correctional service etc. locally/abroad? If yes, give details.

<i>Name of organization</i>	Last position held	From	To

Reason for discharge/separation

References:

Give the names and addresses of two referees

Reference 1	Reference 2
Name/Title:	Name/Title:
Occupation	Occupation
Address:	Address:
State period of time known by referee	State period of time known by referee
Referee's Tel: No. and Email Address(s)	Referee's Tel: No. and Email Address(s)

Community Service

Civic, community groups & service clubs: Give status and period of membership. State reason for leaving if membership has been terminated.

Business Interest

State your business interest(s) including name of company, address, ownership, position, shareholding, managerial position held etc.

Arrests, Conviction and Cautions (Locally and Abroad)

Please tick the appropriate answer

	Locally		Aboard	
Have you ever been arrested or detained by the police?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been the subject of any criminal investigation (s)?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been summoned for an offence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been charged for an offence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been convicted for an offence?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Have you ever been warned or cautioned by the police?	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

If you have answered **YES** to any of the above questions, complete this section.

Date	Offence/ Allegations/Reason	Police Station involved	Court/Results

Illegal Drug Use

Have you ever used any banned/illegal Substances? Yes No, if you have answered yes, complete this section.

Name of Substance(s) Used	Last time was used	Why?

I have completed this form on my own free will knowing that if I write any false information or fail to disclose information that is required, I may be disqualified from entry to the Police Service. I also understand and accept that if I provide false information or fail to make disclosures as required and these are discovered after my enlistment in the Police Service they will result in my dismissal.

Signature of Applicant _____

Date: _____

Witness: (Sub-Officer in Charge) _____

Date _____

Official Use Only

Section D

(TO BE COMPLETED BY RECRUITING OFFICER)

Result of Written (Entry) Examination PASSED FAILED

Height: Feet/Centimeters	Weight: Lbs/Kilograms
Chest: measurement Inch./ Centimeters	

Birth Certificate # _____ **NIS #** _____

Passport: # _____ **Exp. Date** _____ **Place of issue** _____

TRN _____ **Voters ID #:** _____ **Exp. Date** _____

Driver's License # _____ **Exp. Date** _____

Copies of documents retained

Comments: _____

Full Name, Rank and Reg. # of Recruiting Sub-Officer:

Date:

Section E

(TO BE COMPLETED BY THE CENTRAL RECRUITING OFFICE)

Antecedent Report		
<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Issues for clarification	<input type="checkbox"/> Unsatisfactory

Security Checks			
Nat. Intel. Bureau	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Inconclusive
Narcotics /TCND	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Inconclusive
Finger Print/TSD	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Inconclusive

NB. All inconsistencies observed/discovered should be stated for further probing during the interview

Interview Result	
<input type="checkbox"/> Suitable	<input type="checkbox"/> Not Suitable

Comments: _____

Full Name, Rank and Reg. # of Sub- Officer i/c Central Recruiting Office

Signature: _____

Date: _____

Medical Results			
Medical Examination	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Inconclusive
Blood Test	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Inconclusive
Chest X-Ray	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Inconclusive
Urine Analysis	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Inconclusive
Physical Examination	<input type="checkbox"/> Satisfactory	<input type="checkbox"/> Unsatisfactory	<input type="checkbox"/> Inconclusive
Eye Test	<input type="checkbox"/> Pass	<input type="checkbox"/> Fail	

Comment on suitability of individual for enlistment in the Police Service:

Full Name & Signature of Medical Officer: _____

Date: _____

Full Name, Rank & Signature of Recruiting Officer doing final vetting before submission to Final Selection Board:

Date: _____

Final Decision of Selection Board	Date of board meeting: (dd/mm/yy)
<input type="checkbox"/> Accepted	<input type="checkbox"/> Not Accepted

Names and Signatures of Board Members

Chairman: -----

Member: -----

Member: -----

Member: -----

